

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

| In re application of: Schuler et al.<br><br>Application No: 09/852,408<br><br>Confirmation No: 5388<br><br>Filed: May 9, 2001<br><br>Title: LOCKOUT MECHANISM FOR AEROSOL DRUG DELIVERY DEVICES   |                                  |                                    | Group No: 3772<br><br>Examiner: Nihir B. Patel<br><br>Attorney Docket No: 00064.00<br><br>Thursday, March 13, 2008<br>San Francisco, California 94107  |   |                       |                    |               |               |  |                |                                    |          |         |                                     |          |          |                                       |            |          |                      |  |  |
|---|----------------------------------|------------------------------------|--|---|-----------------------|--------------------|---------------|---------------|--|----------------|------------------------------------|----------|---------|-------------------------------------|----------|----------|---------------------------------------|------------|----------|----------------------|--|--|
| Commissioner for Patents<br>P.O. Box 1450<br>Alexandria, VA 22313-1450  |                                  |                                    | <b>Extension of Time</b><br><input type="checkbox"/> Applicant petitions for an extension of time under 37 C.F.R. 1.136  |   |                       |                    |               |               |  |                |                                    |          |         |                                     |          |          |                                       |            |          |                      |  |  |
| <b>Papers Enclosed</b><br><br><input checked="" type="checkbox"/> Amendment<br><input type="checkbox"/> Associate Power of Attorney Statement<br><input type="checkbox"/> Notice of Appeal (form PTO/SB31)<br><input type="checkbox"/> 0 Drawings<br><input type="checkbox"/> Supplemental Information Disclosure Statement<br><input type="checkbox"/> PTO-SB08 Form<br><input type="checkbox"/> Citations<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Postcard for Return (1) |                                  |                                    | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th rowspan="2" style="text-align: left; padding: 5px;">Extension (Months)</th> <th colspan="2" style="text-align: center; padding: 5px;">Extension Fee</th> </tr> <tr> <th style="text-align: center; padding: 5px;">Large Entity</th> <th style="text-align: center; padding: 5px;">Small Entity</th> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> One Month</td> <td style="text-align: center; padding: 5px;">\$120.00</td> <td style="text-align: center; padding: 5px;">\$60.00</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> Two Months</td> <td style="text-align: center; padding: 5px;">\$460.00</td> <td style="text-align: center; padding: 5px;">\$230.00</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> Three Months</td> <td style="text-align: center; padding: 5px;">\$1,050.00</td> <td style="text-align: center; padding: 5px;">\$525.00</td> </tr> <tr> <td colspan="3" style="text-align: center; padding: 5px;"><b>Total \$ 0.00</b></td> </tr> </table> <input checked="" type="checkbox"/> Applicant believes that no extension of term is required. However, this conditional petition is being made in case applicant has inadvertently overlooked the need for a petition for extension of time. |   |                       | Extension (Months) | Extension Fee |               | Large Entity   | Small Entity   | <input type="checkbox"/> One Month | \$120.00 | \$60.00 | <input type="checkbox"/> Two Months | \$460.00 | \$230.00 | <input type="checkbox"/> Three Months | \$1,050.00 | \$525.00 | <b>Total \$ 0.00</b> |  |  |
| Extension (Months)  | Extension Fee                    |                                    |  |   |                       |                    |               |               |  |                |                                    |          |         |                                     |          |          |                                       |            |          |                      |  |  |
|   | Large Entity                     | Small Entity                       |  |   |                       |                    |               |               |  |                |                                    |          |         |                                     |          |          |                                       |            |          |                      |  |  |
| <input type="checkbox"/> One Month  | \$120.00                         | \$60.00                            |  |   |                       |                    |               |               |  |                |                                    |          |         |                                     |          |          |                                       |            |          |                      |  |  |
| <input type="checkbox"/> Two Months   | \$460.00                         | \$230.00                           |  |   |                       |                    |               |               |  |                |                                    |          |         |                                     |          |          |                                       |            |          |                      |  |  |
| <input type="checkbox"/> Three Months   | \$1,050.00                       | \$525.00                           |  |   |                       |                    |               |               |  |                |                                    |          |         |                                     |          |          |                                       |            |          |                      |  |  |
| <b>Total \$ 0.00</b>  |                                  |                                    |  |   |                       |                    |               |               |  |                |                                    |          |         |                                     |          |          |                                       |            |          |                      |  |  |
| <b>Fees for Extra Claims</b>  |                                  |                                    |  |   |                       |                    |               |               |  |                |                                    |          |         |                                     |          |          |                                       |            |          |                      |  |  |
|   | Claims remaining after amendment | Highest number previously paid for | Number Extra   | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center; padding: 5px;">Rate</th> </tr> <tr> <th style="text-align: center; padding: 5px;">Large Entity</th> <th style="text-align: center; padding: 5px;">Small Entity</th> </tr> </table> |                       | Rate               |               | Large Entity  | Small Entity   | Additional Fee |                                    |          |         |                                     |          |          |                                       |            |          |                      |  |  |
| Rate  |                                  |                                    |  |   |                       |                    |               |               |  |                |                                    |          |         |                                     |          |          |                                       |            |          |                      |  |  |
| Large Entity  | Small Entity                     |                                    |  |   |                       |                    |               |               |  |                |                                    |          |         |                                     |          |          |                                       |            |          |                      |  |  |
| Total Claims  | 36                               | 36                                 | 0  | \$50.00   | \$25.00               | \$0.00             |               |               |  |                |                                    |          |         |                                     |          |          |                                       |            |          |                      |  |  |
| Independent Claims  | 4                                | 4                                  | 0  | \$210.00  | \$105.00              | \$0.00             |               |               |  |                |                                    |          |         |                                     |          |          |                                       |            |          |                      |  |  |
| Multiple Dependent Claims   | 0                                | 0                                  | 0  | \$370.00  | \$185.00              | \$0.00             |               |               |  |                |                                    |          |         |                                     |          |          |                                       |            |          |                      |  |  |
| Supplemental Information Disclosure Statement   |                                  |                                    |  |   |                       |                    |               |               |  |                |                                    |          |         |                                     |          |          |                                       |            |          |                      |  |  |
| <b>Total</b>  |                                  |                                    |  |   |                       | <b>\$0.00</b>      |               |               |  |                |                                    |          |         |                                     |          |          |                                       |            |          |                      |  |  |
| <b>Fee Payment</b><br><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; padding: 5px;">Extension Fees</td> <td style="padding: 5px;">\$0.00</td> </tr> <tr> <td style="padding: 5px;">Fees for Extra Claims</td> <td style="padding: 5px;">\$0.00</td> </tr> <tr> <td style="padding: 5px;"><b>Total</b></td> <td style="padding: 5px;"><b>\$0.00</b></td> </tr> </table>  |                                  |                                    | Extension Fees   | \$0.00  | Fees for Extra Claims | \$0.00             | <b>Total</b>  | <b>\$0.00</b> | <b>Fee Deficiency</b><br><input checked="" type="checkbox"/> If any additional extension and/or fee is required, please charge Deposit Account No. <u>10-0258</u> and/or<br><input checked="" type="checkbox"/> If any additional fee for claims is required, please charge Deposit Account No. <u>10-0258</u> . |                |                                    |          |         |                                     |          |          |                                       |            |          |                      |  |  |
| Extension Fees  | \$0.00                           |                                    |  |   |                       |                    |               |               |  |                |                                    |          |         |                                     |          |          |                                       |            |          |                      |  |  |
| Fees for Extra Claims   | \$0.00                           |                                    |  |   |                       |                    |               |               |  |                |                                    |          |         |                                     |          |          |                                       |            |          |                      |  |  |
| <b>Total</b>  | <b>\$0.00</b>                    |                                    |  |   |                       |                    |               |               |  |                |                                    |          |         |                                     |          |          |                                       |            |          |                      |  |  |
| <input type="checkbox"/> Attached is check no. _____ in the sum of <u>\$0.00</u> .<br><input checked="" type="checkbox"/> Please charge Deposit Account No. <u>10-0258</u> in the sum of <b>\$0.00</b> .  |                                  |                                    | Please direct telephone calls to: Guy V. Tucker at (415) 538-1555<br>Please continue to send correspondence to:<br>Guy V. Tucker<br>Janah & Associates, P.C.<br>650 Delancey Street, Suite 106<br>San Francisco, California 94107  |   |                       |                    |               |               |  |                |                                    |          |         |                                     |          |          |                                       |            |          |                      |  |  |
| <b>CERTIFICATE OF TRANSMISSION (37 C.F.R. § 1.8a):</b>  |                                  |                                    |  |   |                       |                    |               |               |  |                |                                    |          |         |                                     |          |          |                                       |            |          |                      |  |  |
| I hereby certify that this correspondence is being facsimile transmitted to the U.S. Patent and Trademark Office at (571) 263-8300 or electronically transmitted on the date shown below.   |                                  |                                    |  |   |                       |                    |               |               |  |                |                                    |          |         |                                     |          |          |                                       |            |          |                      |  |  |
| By: <u>Leslie Mills</u><br>Leslie Mills   | Date: <u>March 13, 2008</u>      |                                    | Respectfully Submitted,<br><u>Guy V. Tucker</u><br>Guy V. Tucker<br>Registration No. 45,302  |   |                       |                    |               |               |  |                |                                    |          |         |                                     |          |          |                                       |            |          |                      |  |  |